5 COORDINATION/INTEGRATION
Effective: 7/1/97

5.1 Background and Goals
Revised: 3/1/98

POLICY: The Wisconsin WIC Program goals for coordination and integration are based on the Federal WIC Regulations , National Association of WIC Directors (NAWD) recommendations, and initiatives within the state of Wisconsin. Local WIC projects shall strive for these goals.

BACKGROUND:

Federal WIC Regulations

In addition to providing supplemental foods and nutrition education, the Federal WIC Regulations state: "The Program shall serve as an adjunct to good health care..." Throughout the Regulations, there are requirements that address this role. In general, these address obstetric and pediatric care, Medicaid (MA) including HealthCheck, drug and other harmful substance abuse, family planning, well-child care, breastfeeding promotion, and other nutrition services such as the Expanded Food and Nutrition Education Program.

There have been recent changes in WIC regulations to facilitate coordination. For example, adjunctive and presumptive eligibility for MA/Healthy Start are used to determine income eligibility, plus, as done by MA, a pregnant woman is now counted as a family size of two (or more, in the case of multiple gestation).

NAWD Recommendations

The National Association of WIC Directors (NAWD) has also addressed the importance of the "adjunct" role of the Program in two documents, NAWD's "Ensuring the Quality of Nutrition Services in the WIC Program" (January, 1988) and the NAWD/USDA FCS "Joint Statement on Quality Nutrition Services in the WIC Program" (January, 1993).

Major points in these documents are:

- WIC is an entry point into the public health care system, facilitating clients' access to comprehensive health care, social services, and other public health services.

- The extent to which WIC functions as an adjunct to health care depends upon the Program's ability to facilitate, through referrals, participant access to the other health and social services agencies in the community.

- To ensure integration of WIC services into the continuum of health care, joint planning is required between the WIC staff and the other maternal and child health program managers.

- Effective communication and coordination are needed at all stages of program development.

- Integration of services leads to enhanced program coordination and referrals among programs, greater continuity of care for the participants, minimal duplication of services, and more effective use of available resources.

Wisconsin Programs/Initiatives

Other key programs with which to coordinate/integrate include: Prenatal Care Coordination and Case Management (through Medicaid), Immunization Program, Birth to Three Program, Lead Poisoning Prevention, Prenatal and Pediatric Nutrition Surveillance Systems, Children with Special Health Care Needs Program (through the Maternal and Child Health Block Grant), Congenital Disorders Program, and UW-Extension's Wisconsin Extension Nutrition Education Program (WENEP; formerly two separate programs: the Family Nutrition Program and the Expanded Food and Nutrition Education Program).

Definitions of Coordination, Integration, and Other Levels of Involvement

There are several levels of involvement in addition to coordination and integration. The degree of involvement needed with various programs/services should be based on client needs and services needed to meet those needs. These levels are:

- Networking: *exchanging information* for mutual benefit. This is best done when linkages are made person-to-person rather than organization-to-organization.

- Coordination: exchanging information and *altering activities* for mutual benefit and to achieve a common purpose. This includes a well developed referral system between programs, the unnecessary duplication of services, the scheduling of services so that they contribute to rather than interfere with other programs' services, compatible educational messages, and improved continuity of care of shared clients.

- Cooperation: exchanging information, altering activities and *sharing resources* for mutual benefit or to achieve a common purpose. Sharing resources may include human, financial and technical contributions, including knowledge, credibility, staffing, physical property, access to people, money, and others.

- Collaboration: exchanging information, altering activities, sharing resources and *enhancing the capacity of another to achieve a common purpose*. Collaboration is a relationship in which each person/organization wants to help their partners become better at what they do. It requires sharing risks, responsibilities, and resources and rewards.

- Integration: a set of services *operating and perceived from the client's view as one program*. Integration implies co-location, sharing of staff and medical information, etc.

GOALS

Goal #1: WIC services are, at a minimum, coordinated with other maternal and child health and nutrition services/programs *within the agency* that serve the WIC population in order to facilitate comprehensive care. Examples of other programs/services include, but are not limited to, prenatal care coordination, immunizations, HealthCheck, lead poisoning prevention, Maternal and Child Health Block Grants, and generalized public health nursing.

Examples of such procedures include:

- Co-located maternal and child health (MCH) and WIC services (physical proximity and organizational placement) in order to promote coordinated planning, services, and evaluation. This may also facilitate joint funding of staff and/or supplies, equipment, and other resources.

- Agency orientation programs which provide the opportunity for staff to become familiar with guidelines for the variety of programs and services offered, and which promote communication between staff and support the internal referral system.

- Joint staff meetings of public health/MCH, WIC, and other agency staff on a regular basis to improve awareness and understanding of the interdependence and interrelationship of both programs. Staff meetings should be utilized for inservices, updating staff on program activities and changes, and as a forum to promote joint resolution of problems or issues or identification of ways services could be enhanced.

- Coordinated staff training programs to promote the use of consistent nutrition and health standards and appropriate education materials.

- Consistent agency-wide clinical standards for screening and assessment (e.g., plotting NCHS growth charts and the use of the 5th and 95th percentiles as criteria for further assessment/follow-up, use of the same anemia criteria, plotting on the prenatal weight gain grids and use of the same criteria for determination of recommended prenatal weight gains, etc.).

- Educational materials that send consistent health messages.

- Consistent referral procedures within the agency and to services/programs outside the agency.

- Cost-sharing procedures that assure expenditures are allowable for each funding source and are equitably appropriated amongst the involved programs. See Policy 11.2.

- Implementation of formal and informal communication channels to other agency staff, including the agency director. Written communication is strongly encourages as a more formalized means to communicate important WIC project information to the agency director. This should be done on a regular basis and a report format is helpful. The written report can be used to provide an update on project status, serve as structure or means to strengthen communication, identify areas for coordination, and identify issues, needs, or problems.

- Coordinated or combined client appointments (e.g., immunizations, HealthCheck, doing a blood draw for lead screening). Multi-funded staff would facilitate effective and efficient services.

- Development of Memoranda of Understanding that specify the roles and activities of the parties included in the MOU and facilitate the sharing of participant information for continuity of care (see Policy 5.9 in this chapter and the WIC Confidentiality policy in the Administration Chapter).

- Combined client charts, as allowed by the WIC Confidentiality policy.

- Data collection procedures to prevent duplication (e.g., MCH/WIC data system), as allowed by the WIC Confidentiality policy.

Goal #2: WIC services are, at a minimum, networked or coordinated with other *community-based* economic assistance, food, nutrition, health, and human services/programs that serve the WIC population in order to facilitate continuity of comprehensive care. Examples of other community-based services include Head Start, UW-Extension, and other health care providers.

Examples of such procedures include:

- Written information about the services/programs provided to clients.

- Development, implementation, and evaluation of a communication system that assures client access to needed services.

- Memoranda of Understanding that specify the roles and activities of the parties included in the MOU and facilitate the sharing of participant information for continuity of care (see Policy 5.9 in this chapter and the WIC Confidentiality Policy in the Administration Chapter).

- Periodic solicitation of input from community resources to assess services to clients. Advisory committees or involving selected resource agencies to work on issues or needs will garner support for developing a system, formal or informal, to meet the needs.

- Ongoing contact with resources in the community, e.g., sharing newsletters, letters on policy changes or problem/success areas, or periodic telephone or face-to-face contacts, with the purpose of ultimately improving services to clients.

- Joint screening and assessment.

- Coordinated nutrition education activities.

PROCEDURE: See the following policies in this section of the Operations Manual.

NOTES:
References:

* National Association of WIC Directors/USDA Food and Consumer Services Joint Statement on Quality Nutrition Services in the WIC Program. January, 1993.
* U.S. Dept. of Health and Human Services: Improving MCH/WIC Coordination, 1986.
* Himmelman AT: On the Theory and Practice of Transformational Collaboration: Collaboration as a Bridge From Social Service to Social Justice. October, 1994 paper.